



Oral Health During Pregnancy

PRAMS

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing, population-based, state-specific surveillance system designed to identify and monitor selected maternal experiences and behaviors before, during, and after pregnancy. Topics included in the survey, but not limited to, include preconception health, pregnancy intention, contraceptive use, health insurance, prenatal care, breastfeeding, infant health care, alcohol and tobacco use, violence against women, and postpartum depression. For more information on maternal and child health data from the PRAMS survey, please visit the MO PRAMS dashboard at Health.Mo.Gov/prams. This document was created using data from the 2020-2021 PRAMS survey results.



BACKGROUND

Oral health is essential at all stages of life, but changes during pregnancy can affect a woman's health, along with the health of her unborn child.¹ Prenatal hormone fluctuations can lead to increased dilation of blood vessels, causing increased susceptibility to bacteria and gum infection.² Gingivitis, an early stage of periodontal disease, may appear as swollen, red, bleeding gums. Approximately 60% to 75% of pregnant women develop gingivitis.³ If left untreated, gingivitis can progress to periodontitis. If severe enough,

periodontitis can cause the gums to retract from the teeth. This means decreased bone support, and the possibility of loose teeth or a need for a tooth extraction. Recent studies have shown an association between periodontitis and poor pregnancy and birth outcomes. This includes low or very low birth weight, preeclampsia, and gestational diabetes.¹ Oral health care focused on pregnant women offers a unique opportunity to prevent complications from periodontal disease with the potential for improving birth outcomes for both mother and child.²



Oral Health in Missouri

In Missouri, 99% of women received prenatal care at some point in their pregnancy. However, the number receiving oral health care is far lower. 63% of new moms reported receiving teeth cleaning services 12 months before becoming pregnant. That percentage dropped to 43% during the pregnancy. A majority of moms knew it was important to care for their teeth and gums during pregnancy (89%). Most respondents (90%) also knew it was safe to visit the dentist during pregnancy. However, less than half actually saw a dental professional.

89%



knew it was
important to care
for teeth and gums
during pregnancy

43%

of Missouri women
actually had their
teeth cleaned
during pregnancy



Barriers

When asked about difficulties to receiving oral health care during their pregnancies, Missouri moms reported the highest barriers being unable to afford a visit to the dentist (14%), difficulty finding a dentist that would take Medicaid (12%), and incorrectly thought it was unsafe to go during pregnancy (11%). Only half of Missouri moms (50%) had a dental or other health care worker talk to them about how to care for teeth and gums during pregnancy. Women in the highest income category (\$60,000+), as well as those living in urban areas, were more likely to have a conversation with a dental or health care worker about oral hygiene needs during pregnancy. This represents missed opportunities for education on the importance and safety of oral health care at a time when women may be most receptive to improving healthy behaviors.²



50%

had a healthcare
worker talk about
oral hygiene during
pregnancy

Figure 1. Barriers to being seen by a Dentist during pregnancy

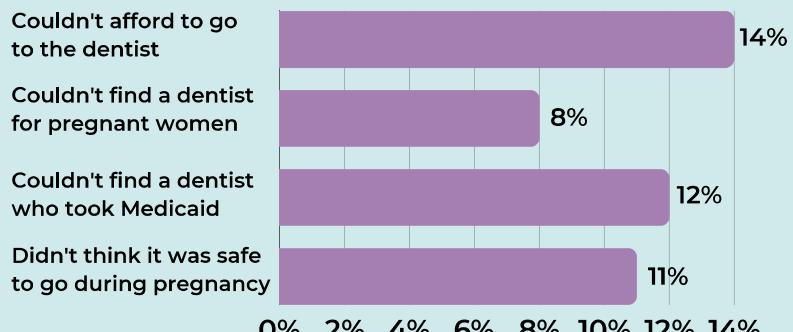
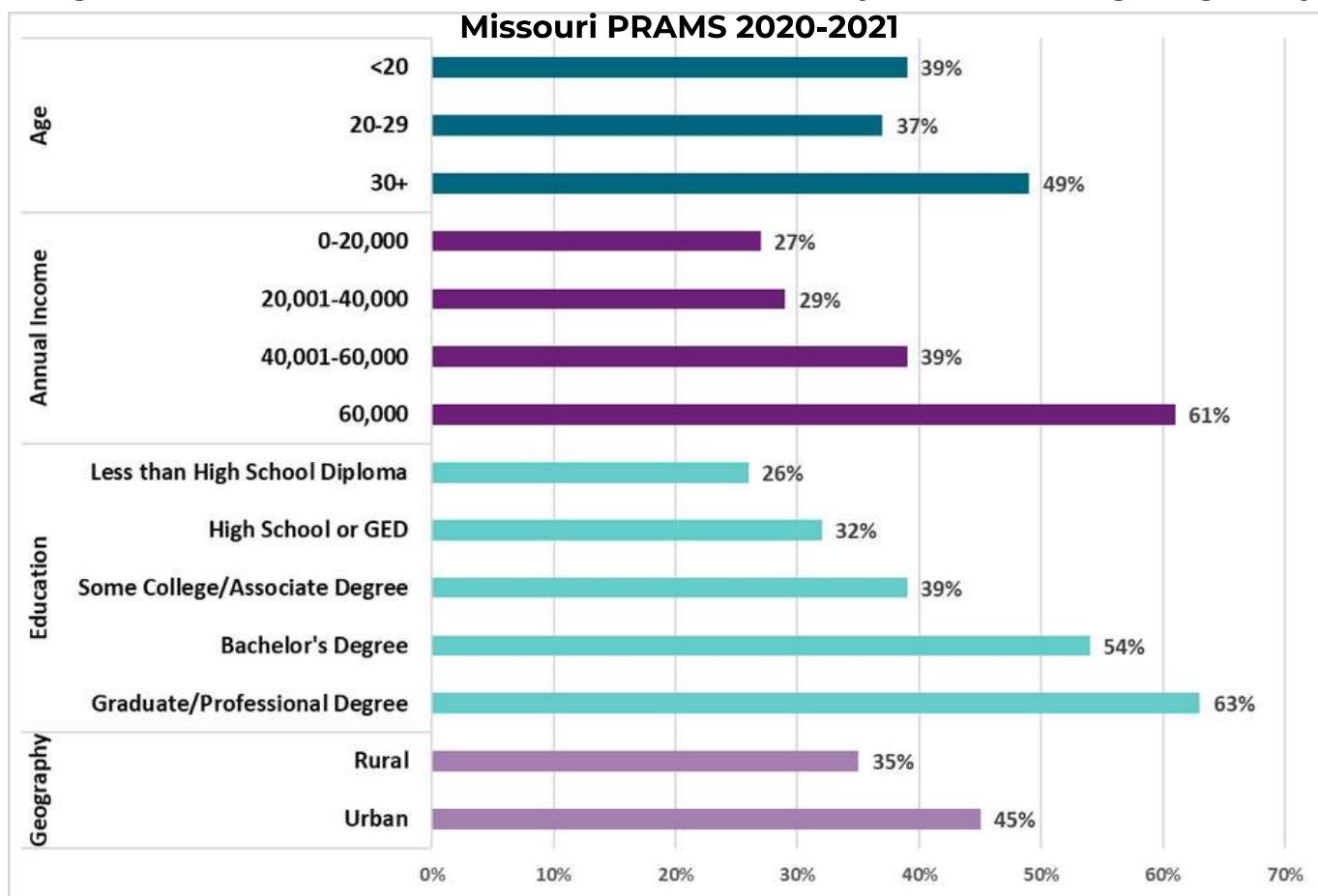


Figure 2. Women Who Had Their Teeth Cleaned by Dentist During Pregnancy

Oral Health Disparities in Missouri

When considering oral health during pregnancy in Missouri, gaps in accessing care begin to stand out. Non-Hispanic (NH) white women compared to NH Black and Hispanic women, had higher percentages of having their teeth cleaned during pregnancy (46% compared to 34%). Women of higher age, income, and education tend to have higher rates of receiving dental care. In addition, women who lived in urban areas were more likely to have had their teeth cleaned when compared to the rural population. A possible explanation for this could be related to financial barriers. Women who reported higher incomes, education levels, and living in urban areas had higher rates of reporting dental insurance.

Figure 3. Teeth Cleaned by Dentist During Pregnancy by Race/Ethnicity

Another explanation for gaps in dental care could be a lack of access attributable to provider shortages. The map of Missouri in Figure four shows the number of dentists practicing in each county as of July 2022.

Counties with the largest Missouri cities are indicated to be in the highest category for dental providers. Meanwhile, all of the eleven counties with zero dentists are considered rural.

Limited knowledge could also be an explanation for the disparities surrounding seeing a dental professional during pregnancy. Hispanic and NH Black women were more likely to report that they did not think it was safe to go to the dentist during pregnancy. Dental exams and cleanings are safe and recommended during pregnancy. X-rays, local anesthetics, and most pain medications can also be given as long as the dental care provider is aware of the pregnancy.⁴



What Dental Care is Safe During Pregnancy?
As long as your provider is aware of the pregnancy.

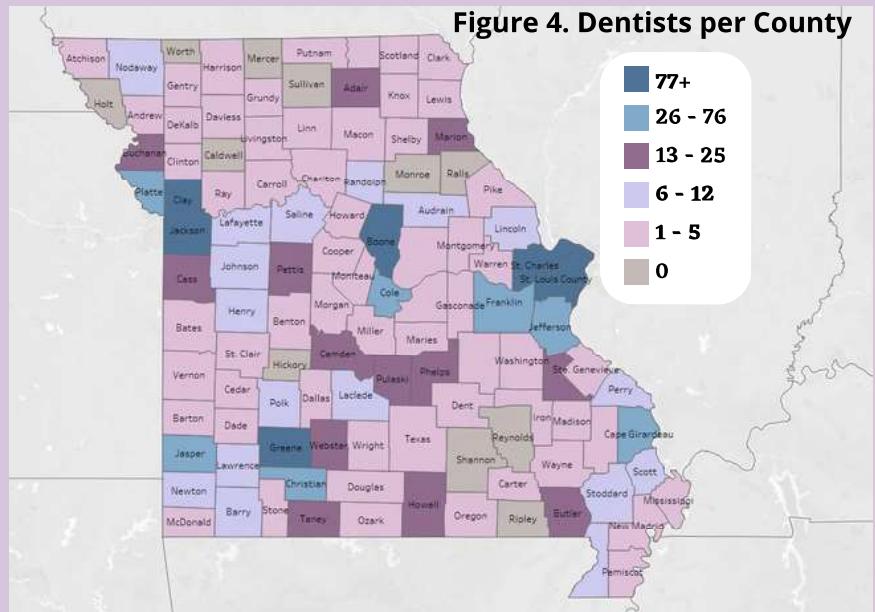
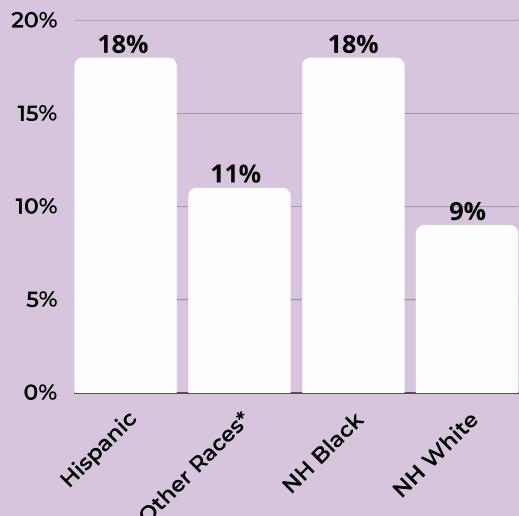


Figure 5. Women Who Did Not Think it was Safe to go to the Dentist During Pregnancy by Race/Ethnicity



*Races included in the "Other Races" category for the 2020-21 PRAMS sample include American Indian, Filipino, Chinese, Other Asian, and Mixed Race women.

PRAMS Participants' Experiences

“ The Medicaid and dental treatment is a HUGE issue. I am, and have been for a while, in serious need of dental work but always get told they either do not accept Medicaid or wouldn't do anything because I was pregnant. ”

“ While I know dental hygiene is important during pregnancy, it is difficult to find good, affordable dental coverage. So, since I didn't have dental insurance, I did not go to the dentist. ”

“ Dental care needs to be more affordable & accessible to adults, pregnant or non pregnant! Six months wait for a single appointment so I couldn't even get the work I needed done before I delivered. ”



Conclusion

Dental care during pregnancy is safe, effective, and often overlooked as a means of preventing poor birth outcomes. Most Missouri mothers recognize the importance of caring for their gums and teeth during this time. However, less than half are having their teeth cleaned during the pregnancy. Some reasons behind this disconnect may be related to financial barriers, lack of access, or a mistaken belief that it is unsafe to get dental care during pregnancy. Dental health care workers cannot be solely responsible for oral health education. A partnership between oral health care providers and those providing prenatal care may be an improved approach to increasing the percentage of pregnant women who receive proper oral health care. This highlights the need for dental and other health care workers to emphasize how to care for the teeth and gums and that seeing a dentist during pregnancy is safe and recommended.

A **partnership** between oral health care providers and prenatal care professionals can better promote the importance of **dental visits** during **pregnancy**.



Resources

- For more information on oral health during pregnancy:
 <https://www.cdc.gov/oralhealth/fast-facts/pregnancy/index.html>
-  <https://health.mo.gov/living/families/oralhealth/pregnancy.php>
-  To find low-cost dental services available in Missouri:
<https://health.mo.gov/living/families/oralhealth/low-cost.php>
-  To locate MO HealthNet Providers:
<https://apps.dss.mo.gov/fmsMedicaidProviderSearch/>



References

1. Hartnett EH, Haber J, Krainovich-Miller B, Bella A, Vasileva A, Kessler JL. Oral health in pregnancy. *J Obstetric, Gynecologic & Neonatal Nursing*. 2016; 45; 565-573. <http://dx.doi.org/10.1016/j.jogn.2016.04.005>
2. Russel SL, Mayberry LJ. Pregnancy and oral health; A review and recommendations to reduce gaps in practice and research. *Am J Maternal/Child Nursing*. 2008; 33(1). 32-7. doi: 10.1097/01.NMC.0000305655.86495.39.
3. American Dental Association Council on Access, Prevention, and Interprofessional Relations, 2006.
4. Give your baby the best possible start. [HealthyChildren.org](https://www.healthychildren.org/English/ages-stages/prenatal/Pages/Protect-Tiny-Teeth.aspx). <https://www.healthychildren.org/English/ages-stages/prenatal/Pages/Protect-Tiny-Teeth.aspx>. Published June 22, 2018. Accessed November 21, 2022.

This project was funded in part by the Missouri Department of Health and Senior Services Title V Maternal Child Health Services Block Grant and was supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #04MC40144, Maternal and Child Health Services for \$12,299,305, of which \$0 is from non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

